

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040311
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 186

Primary Registration District No. 4287

Registrar's No. X 68

FILED OCT 18 1963

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
TOWN RAYTOWN

Length of stay in lb
7 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 5820 ELM

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN RAYTOWN Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5820 ELM Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
ELLA D. TERRY

4. DATE OF DEATH
Month Day Year
OCTOBER 15, 1963

5. SEX
FEMALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
11/11/1863

9. AGE (last birthday)
94

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired)
BOOKKEEPER

10b. KIND OF BUSINESS OR INDUSTRY
TELEPHONE CO.

11. BIRTHPLACE (City and state or country)
WASHINGTON CO., TEXAS

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

J.J. HARBOUR

13b. MOTHER'S MAIDEN NAME

JENNY SCOTT

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
MARIE E. EVANS, 5820 ELM, RAYTOWN, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Imanition
General Vascular Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

3 mo
10 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-19-1957 to 10-12-63 and last saw her alive on 10-12-63
Death occurred at 12 noon m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS
1103 Grand Ave, Kansas City Mo

22c. DATE SIGNED

10-14-63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
10/14/63

23c. NAME OF CEMETERY OR CREMATORY
KILLEEN CEMETERY

23d. LOCATION (City, town, or county)
KILLEEN, TEXAS

24. FUNERAL DIRECTOR
HINTON FUNERAL HOME - 6113 Blue Ridge Raytown, Mo.

25. DATE RECD. BY LOCAL REG.
10-14-63

26. REGISTRAR'S SIGNATURE
Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 7003
2 7003
3 2
4 1
5 1
6
7 1
8 2
9 4500
10
11
12 90-0
13 10

117090-000

6-11

0-08

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul Robinson

Licensed Embalmer No. 1232

P. O. Address 210 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.